

REQUEST FOR RENTAL SERVICES

1. MAIL TO:

Department of the Interior **OR**  
Aviation Management WRO  
ATTN: Flight Coordination Specialist  
University Plaza, Ste. 300  
960 Broadway Ave.  
Boise, ID 83705

Phone: 208- 334-9314  
Fax: 208-334-9303

Department of the Interior  
Aviation Management ERO  
ATTN: Flight Coordination Specialist  
3190 NE Expressway, #110  
Atlanta, GA 30341

Phone: 770-458-2055  
Fax: 770-458-6677

2. REQUESTING BUREAU -- OFFICE AND ADDRESS:

REFER QUESTIONS TO: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-M MAIL: \_\_\_\_\_

3. AIRCRAFT DESIRED:

A. FIXED WING: HIGH WING LOW WING

AIRCRAFT TYPE (i.e. Cessna 182):

PASSENGER CAPACITY (Seats):

ADDITIONAL REQUIREMENTS (i.e., large cargo doors, etc.)

SPECIAL USE ACTIVITY:

Low Level (less than 500' from surface)

Resource Reconnaissance (above 500' from surface)

Fire Reconnaissance

Air Tactical

B. HELICOPTER: FUEL SERVICING VEHICLE

HELICOPTER TYPE (i.e., Hughes 500):

PASSENGER CAPACITY (Seats):

ADDITIONAL REQUIREMENTS (i.e., long line, helitorch, etc.)

SPECIAL USE ACTIVITY:

External Loads

Aerial Ignition

Interagency Fire

Local Fire

Offshore Platform/Vessel Landings

Extended Overwater

Other (Specify) \_\_\_\_\_

4. SUGGESTED AIR TAXI & COMMERCIAL OPERATOR:

NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ESTIMATED ANNUAL USE: \_\_\_\_\_  
(Hours) (Dollars)

5. ALL REQUESTS REQUIRE REVIEW AND APPROVAL BY YOUR BUREAU'S NATIONAL AVIATION MANAGER.

MANAGER APPROVAL: \_\_\_\_\_

NATIONAL AVIATION  
MANAGER: \_\_\_\_\_ Date \_\_\_\_\_

6. REMARKS:

DOI AM USE

FCC SIGNATURE \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_